

The Children's Health Insurance Program Improves Access to Help Save Lives



The Children's Health Insurance Program (CHIP) is an integral part of the safety-net for lower-income children and their families. CHIP was created to ensure that low and moderate income uninsured children who do not qualify for Medicaid have access to much needed health care services. CHIP provides access to quality, affordable, and comprehensive health care coverage to **nearly nine million lower income children** up to age 19 in the U.S.¹ – many of whom have been affected by cancer.

The CHIP program is administered by states and is funded through a joint state/federal block grant. CHIP limits the amount families must pay out-of-pocket for health care costs to a maximum of five percent of family income, allowing families – including those with children battling chronic conditions like cancer – to achieve better health and greater financial stability.^{2,3} Unlike health insurance plans directed at adults, CHIP offers comprehensive, age-appropriate benefits for children. CHIP plans also offer pediatric appropriate networks of primary care pediatricians, pediatric subspecialists, pediatric surgical specialists, pediatric dental care, and children's hospitals so children may access medically and developmentally appropriate care.

The CHIP program is **set to expire on September 30, 2017**. Unless Congress reauthorizes CHIP, access to care for millions of American children will be at risk. The American Cancer Society Cancer Action Network (ACS CAN) urges Congress to reauthorize CHIP as soon as possible to ensure continued coverage for lower-income childhood cancer patients, survivors, and those at risk for the disease.

Delaying CHIP Reauthorization Jeopardizes Access for Cancer Patients and Survivors

Three states – Arizona, Minnesota, and North Carolina – as well as the District of Columbia are projected to exhaust CHIP funds by December 2017, and all states are expected to exhaust their federal block grant funding in FY 2018.⁴ Unless funding is reauthorized, some states may be forced to discontinue the CHIP program, while others will likely limit benefits, impose restrictions on care, or lower provider payment rates. These actions could cause millions of children to become uninsured or underinsured. For a family whose child has cancer, reductions in CHIP could mean the difference between receiving or foregoing life-saving treatment. Children in active treatment need uninterrupted access to their doctors and hospitals. Disruptions in care can lead to a worse health outcome.

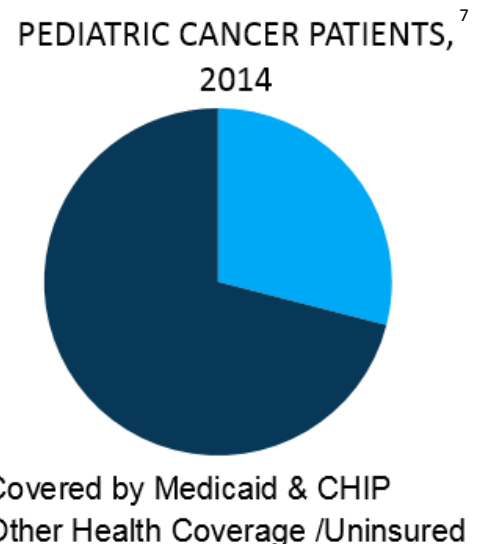
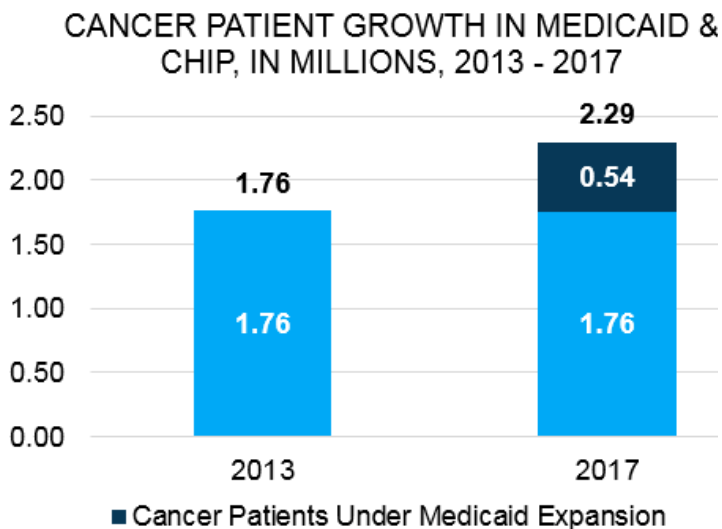
Did You Know?

Nearly **36 million** children rely on Medicaid and CHIP for their health care coverage.

The uninsured rate for children has reached an all-time low of **five percent** thanks to states increasing access to insurance coverage through their Medicaid programs and CHIP. Not reauthorizing CHIP will potentially **increase the number of uninsured children by 1.1 million** and **reverse this historic coverage gain**.

Childhood Cancer Patients and Survivors Rely on CHIP

- In 2017, approximately **2.3 million** patients (infants to age 64) with cancer or a history of cancer will rely on CHIP and Medicaid for their insurance – a **31 percent increase** from 2013.⁴
- In 2014, **29 percent** or approximately **one third** (1/3) of childhood cancer patients aged 0-19 were enrolled in CHIP or Medicaid at the time of diagnosis.⁵



ACS CAN's Position

The American Cancer Society Cancer Action Network (ACS CAN) urges Congress to pass a long-term extension of the CHIP program before funding authorization expires. If funding for CHIP expires, many states may be forced to limit enrollment in their programs, and children (including those with cancer) may be transitioned to more costly forms of coverage or become uninsured altogether. With a long-term expansion of the program, states will have the budget certainty necessary to run their programs, and children will have continued access to appropriate health care services. CHIP plays a critical role in providing cancer prevention and treatment services, as well as primary care to millions of American children. It is imperative that the CHIP program have adequate funding and resources to continue providing necessary preventive and primary care to uninsured childhood cancer patients and survivors without delay. In order to ensure low-income childhood cancer patients and survivors have access to life-saving preventive and treatment services, **ACS CAN strongly urges Congress to reauthorize CHIP for five years.**

¹ Medicaid.gov. *Unduplicated number of children ever enrolled*. Updated February 15, 2017. Accessed August 2017. <https://www.medicaid.gov/chip/downloads/fy-2016-childrens-enrollment-report.pdf>.

² Clemans-Cope L, Kenney G, Waidmann T, Huntress M, Anderson N. How well is CHIP addressing health care access and affordability for children? *Acad Pediatr*. 2015; 15(3):S1-7.

³ Wherry LR, Kenney GM, Sommers BD. The role of public health insurance in reducing child poverty. *Acad Pediatr*. 2016; 16(3):S98-104.

⁷ Medicaid and CHIP Payment and Access Commission. *Recommendations for the future of CHIP and Children's Coverage*. Published January 2017. Accessed August 2017. <https://www.macpac.gov/wp-content/uploads/2017/01/Recommendations-for-the-Future-of-CHIP-and-Childrens-Coverage.pdf>.

⁴ Medicaid and CHIP Payment and Access Commission. *Federal CHIP funding: When will states exhaust allotments?* Published July 2017. Accessed August 2017. https://www.macpac.gov/wp-content/uploads/2017/03/Federal-CHIP-Funding_When-Will-States-Exhaust-Allotments.pdf.

⁵ Analysis provided to ACS CAN by Avalere Health. *Funding for Medicaid patients with cancer under BCRA Discussion Draft*. Analysis performed June 2017.